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INDICATION FORM**

Application Number	10/789,698
Filing Date	2/27/04
First Named Inventor	Carroll, Craig
Title	Retractable Writing Tool
Art Unit	3751
Examiner Name	Walczak, David J.
Attorney Docket Number	Carroll

I hereby revoke all previous powers of attorney given in the above-identified application.

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☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	11/15/06
Name	Craig Carroll	Telephone	949 715 7750
Title and Company	PRESIDENT C2D INC.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of \_\_\_\_\_ forms are submitted.

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